

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006322
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 971

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>546 Harrison</u>		d. STREET ADDRESS (If outside, give location) <u>546 Harrison</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>Bengimina</u> Last <u></u>			4. DATE OF DEATH Month <u>Feb</u> - Day <u>10</u> - Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-3-1879</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce Vendor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>499-14-1455</u>		11. BIRTHPLACE (City and state or country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>Carl Bengimina</u>		13b. MOTHER'S MAIDEN NAME <u>Angelene Parmada</u>	
14. NAME OF HUSBAND OR WIFE <u>Josephine Bengimina</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Alex Bengimina</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u> DUE TO (c) <u></u>		19. ADDRESS <u>2860 Raytown Rd.</u>	

20. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
23. CITY, TOWN, OR LOCATION <u></u>		24. COUNTY <u></u>		25. STATE <u></u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
21. I attended the deceased from <u>1959</u> to <u>1963</u> and last saw him alive on <u>2-9-63</u>		22. SIGNATURE <u>Edward P. Altmaier M.D.</u> (Degree or title)		23. ADDRESS <u>2610 E 63rd St</u>	
24. DATE <u>2-14-63</u>		25. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		26. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
27. FUNERAL DIRECTOR <u>LapeTina 538 Campbell</u>		28. DATE RECD. BY LOCAL REG. <u>2-13-63</u>		29. REGISTRAR'S SIGNATURE <u>Arthur Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Edward P. Altmaier M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
2-14-63

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on/by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4729

P. O. Address Trumbull, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.